

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

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In re:

Chapter 11

THE ROMAN CATHOLIC DIOCESE OF  
ROCKVILLE CENTRE, NEW YORK,

Case No. 20-12345-scc

Debtor.

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**LMI'S REPLY TO THE COMMITTEE'S (A) OBJECTION TO THE MOTION OF  
THE DEBTOR FOR AN ORDER ESTABLISHING DEADLINES FOR FILING  
PROOFS OF CLAIM AND GRANTING RELATED RELIEF AND (B) RESPONSE  
TO LMI'S RESPONSE TO THE MOTION**

Certain Underwriters at Lloyd's, London and Certain London Market Insurance Companies (collectively "London Market Insurers" or "LMI") hereby reply to the Official Committee of Unsecured Creditors' (A) Objection to the Motion of the Debtor for an Order Establishing Deadlines for Filing Proofs of Claim and Granting Related Relief and (B) Response to LMI's Response to the Motion, filed December 1, 2020, at Doc. No. 213 ("Objection"), and to The Official Committee of Unsecured Creditors' Reply in Support of the Debtor's Proposed Sexual Abuse Proof of Claim Form, filed December 4, 2020, at Doc. No. 229 ("Reply"), and in support thereof, state respectfully as follows:

1. As an initial matter, The Committee's Reply raises the exact same issues as the Objection with respect to LMI's requested additions, but cites nothing to support the argument whatsoever. As such, it is simply an extended unsupported argument and should be disregarded summarily by the Court.

2. Further, it is worthwhile noting that the Committee objects only to one of LMI's requested changes to the Sexual Abuse Proof of Claim Form, *i.e.*, the question which states:

Please provide all facts you are aware of that suggest that the Diocese, or any of its officers or employees, knew or should have known that the abuser was abusing

you or others before or during the period of time when the abuse or other wrongful conduct took place.

(This question is referred to herein as the "Liability Question").

3. LMI requested the inclusion of the Liability Question in the Sexual Abuse Proof of Claim Form to allow the parties to minimize, or possibly even eliminate, the expense, inconvenience and attendant delay caused by objections and discovery from the respective claimants, to determine the Debtor's liability, and to assist in determinations of coverage.

4. LMI insured a number of dioceses and many of these dioceses have filed for bankruptcy. The bankruptcy cases were resolved or are in the process of resolution by global mediations and settlement of the abuse victims' claims against the debtor diocese and its related parishes and organizations (collectively, "Catholic Organizations"). The primary motivation for the parties to seek a global settlement, rather than only a settlement of the claims against the diocese, is that neither the claimants nor the insured entities wished to conclude the bankruptcy case by initiating a coverage action; the claimants are seeking recompense, not additional litigation.

5. LMI are filing this reply because the Committee incorrectly contends, "[t]he Debtor's proposed Sexual Abuse Proof of Claim Form elicits all necessary information to assess a sexual abuse claim against the Debtor." Objection at 25.

6. The proffered POC does not elicit all the information necessary to determine why the Diocese is liable to a claimant. If the claimants were to pursue CVA lawsuits against the Diocese, they could not simply allege that they were abused. Instead, they would have to assert a cognizable legal theory and supporting factual allegations. For example, if they based their claim on negligent supervision or negligent hiring, they would have to allege that the defendant had knowledge of a propensity on behalf of the tortfeasor to commit the tortious conduct. *See*

*Kenneth R. v. Roman Catholic Diocese of Brooklyn*, 654 N.Y.S.2d 791, 795 (App. Div. 1997) (granted motion to dismiss negligent hiring claim since there is "no common-law duty to institute specific procedures for hiring employees unless the employer knows of facts that would lead a reasonably prudent person to investigate the prospective employee"); *see also*, *Sheila C. v. Povich*, 781 N.Y.S.2d 342, 350–51 (App. Div. 2004) ("An essential element of a cause of action for negligent hiring and retention is that the employer knew, or should have known, of the employee's propensity for the sort of conduct which caused the injury"); *Krystal G. v. Roman Catholic Diocese of Brooklyn*, 933 N.Y.S.2d 515 (Sup. Ct. 2011) (negligent hiring claim insufficiently plead where there was no factual scenario allowing an inference that at the time of the hiring, the diocese and school [the employer] should have known that the employee would present a sexual threat to the students at the school).

7. LMI and the Diocese both have an interest in knowing the basis for each claimant's contention that the Diocese is liable to that claimant. This is because the LMI policies only indemnify Assureds for sums that they are "obligated to pay by reason of the liability imposed upon the Assured by law" and there is no coverage, and the Diocese cannot obtain indemnity from LMI, if a particular claimant's allegations and injuries are not credible or have not been verified, or where there would be no legal liability.

8. Other Diocesan bankruptcies acknowledged the need for the information sought to be obtained by the Liability Question. A more extensive version of the Liability Question was approved by the U.S. Bankruptcy Court for the District of Minnesota in the matter of *In re: The Archdiocese of Saint Paul and Minneapolis*, No. 15-30125, and by the U.S. Bankruptcy Court for the Middle District of Pennsylvania in the matter of *In re Roman Catholic Diocese of Harrisburg*, No. 1:20-bk-0059. *See, In re Archdiocese of Saint Paul and Minneapolis*, No. 15-

30125 at ECF Doc. 188 (Bankr. D. Minn Apr. 17, 2019) (Order Establishing Deadlines for Filing Proofs of Claim; Approving Proof of Claim Forms; Approving Form and Manner of Notice; and Approving Confidentiality Procedure); *In re Roman Catholic Diocese of Harrisburg*, No. 1:20-bk-0059 at ECF Doc. 231 (Bankr. M.D. Pa. Apr. 9, 2020) (Order (I) Establishing Deadlines for Filing Proofs of Claim; (II) Approving Sexual Abuse Claim Form; (III) Approving Form and Manner of Notice; and (IV) Approving Confidentiality Procedures). Attached at Exhibits A and B, respectively, are copies of the Sexual Abuse Proof of Claim Forms used in those cases.

9. By not including the requested Liability Question, the claimants make themselves vulnerable to objections and dismissal of their claims. In the case of *In re Residential Capital, LLC*, 518 B.R. 720, 731 (Bankr. S.D.N.Y. 2014), this court granted the Debtor's Objections to several claims after finding:

Bankruptcy Code section 502(b)(1) provides that claims may be disallowed if "unenforceable against the debtor and property of the debtor, under any agreement or applicable law." 11 U.S.C. § 502(b)(1). To determine whether a claim is allowable by law, bankruptcy courts look to "applicable nonbankruptcy law." *In re W.R. Grace & Co.*, 346 B.R. 672, 674 (Bankr.D.Del.2006).

Federal pleading standards apply when assessing the validity of a proof of claim. *See, e.g., In re DJK Residential LLC*, 416 B.R. 100, 106 (Bankr. S.D.N.Y. 732\*732 2009) ("In determining whether a party has met their burden in connection with a proof of claim, bankruptcy courts have looked to the pleading requirements set forth in the Federal Rules of Civil Procedure." (citations omitted)). For her claim to survive, Smith must allege "enough facts to state a claim for relief that is plausible on its face." *Vaughn v. Air Line Pilots Ass'n, Int'l*, 604 F.3d 703, 709 (2d Cir.2010) (citing *Ashcroft v. Iqbal*, 556 U.S. 662, 678, 129 S.Ct. 1937, 173 L.Ed.2d 868 (2009)). "Where a complaint pleads facts that are merely consistent with a defendant's liability, it stops short of the line between possibility and plausibility of entitlement to relief." *Iqbal*, 556 U.S. at 678, 129 S.Ct. 1937 (citation and internal quotation marks omitted). Plausibility "is not akin to a probability requirement," but rather requires "more than a sheer possibility that a defendant has acted unlawfully." *Id.* (citation and internal quotation marks omitted). The court must accept all factual allegations as true, discounting legal conclusions clothed in factual garb. *See, e.g., id.* at 677-78, 129 S.Ct. 1937; *Kiobel v. Royal Dutch Petroleum Co.*, 621 F.3d 111, 124 (2d Cir.2010) (stating that a court must "assum[e] all well-pleaded, nonconclusory

factual allegations in the complaint to be true" (citing *Iqbal*, 556 U.S. at 678, 129 S.Ct. 1937)). The court must then determine if these well-pleaded factual allegations state a "plausible claim for relief." *Iqbal*, 556 U.S. at 679, 129 S.Ct. 1937 (citation omitted).

Courts do not make plausibility determinations in a vacuum; it is a "context-specific task that requires the reviewing court to draw on its judicial experience and common sense." *Id.* (citation omitted). A claim is plausible when the factual allegations permit "the court to draw the reasonable inference that the defendant is liable for the misconduct alleged." *Id.* (citation omitted). A claim that pleads only facts that are "merely consistent with a defendant's liability" does not meet the plausibility requirement. *Id.* at 678, 129 S.Ct. 1937 (quoting *Bell Atl. Corp. v. Twombly*, 550 U.S. 544, 557, 127 S.Ct. 1955, 167 L.Ed.2d 929 (2007)). "A pleading that offers labels and conclusions or a formulaic recitation of the elements of a cause of action will not do." *Id.* (quoting *Twombly*, 550 U.S. at 555, 127 S.Ct. 1955) (internal quotation marks omitted). "Threadbare recitals of the elements of a cause of action, supported by mere conclusory statements, do not suffice." *Id.* (citation omitted). "The pleadings must create the possibility of a right to relief that is more than speculative." *Spool v. World Child Int'l Adoption Agency*, 520 F.3d 178, 183 (2d Cir.2008) (citation omitted).

*Id.*

10. Without the Liability Question, the claimants will not allege "enough facts to state a claim for relief that is plausible on its face." *Vaughn v. Air Line Pilots Ass'n, Int'l*, 604 F.3d 703, 709 (2d Cir.2010) (citing *Ashcroft v. Iqbal*, 556 U.S. 662, 678, 129 S.Ct. 1937, 173 L.Ed.2d 868 (2009)).

11. Without, at a minimum, the pertinent information from the Liability Question requested herein, LMI will not be able to reasonably assess the Debtor's liability and coverage, which would prevent LMI from meaningfully participating in settlement discussions. Thus, if such question is not added to the Sexual Abuse Proof of Claim Form, LMI would have to conduct discovery that would almost certainly delay the ultimate resolution of this case.

WHEREFORE, LMI seek to have the Court approve a Sexual Abuse Proof of Claim Form that requests enough information, including the Liability Question, to enable them and other Insurers to evaluate adequately the Debtor's and their own liability, and in no way, even by

implication, limit LMI's right to conduct necessary post-claims discovery.

Dated: December 4, 2020

Respectfully submitted,

By /s/ Catalina J. Sugayan  
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*Attorneys for Certain Underwriters at  
Lloyd's, London and Certain London  
Market Insurance Companies*

# Exhibit A

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA

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In re:

The Archdiocese of Saint Paul and Minneapolis,

Bankruptcy Case No. 15-30125

Debtor.

Chapter 11 Case

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**SEXUAL ABUSE PROOF OF CLAIM**

**IMPORTANT:**  
**THIS FORM MUST BE RECEIVED NO LATER THAN**  
**AUGUST 3, 2015**

Carefully read the instructions included with this SEXUAL ABUSE PROOF OF CLAIM and complete ALL applicable questions. Please print clearly and use blue or black ink. Send the **original** to the U.S. Bankruptcy Court Clerk at the following address: Office of the Clerk of Court, Attention B. Montez, U.S. Bankruptcy Court District of Minnesota, 200 Warren E. Burger Federal Building and United States Courthouse, 316 North Robert Street, Saint Paul, MN 55101.

**THIS PROOF OF CLAIM IS FOR CLAIMANTS OF SEXUAL ABUSE ONLY.  
YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER.**

A sexual abuse claim includes any claim arising from sexual abuse as that term is defined in Minnesota Statutes § 541.073(1), as well as from molestation, rape, undue familiarity, sexually-related physical, psychological or emotional harm, or contacts or interactions of a sexual nature between a child and an adult, or a non-consenting adult and another adult for which such persons believe that the Archdiocese may be liable.

**TO BE VALID, THIS PROOF OF CLAIM MUST BE SIGNED BY YOU OR YOUR ATTORNEY. IF THE SEXUAL ABUSE CLAIMANT IS DECEASED OR INCAPACITATED, THE FORM MAY BE SIGNED BY THE SEXUAL ABUSE CLAIMANT'S REPRESENTATIVE OR THE ATTORNEY FOR THE ESTATE. IF THE SEXUAL ABUSE CLAIMANT IS A MINOR, THE FORM MAY BE SIGNED BY THE SEXUAL ABUSE CLAIMANT'S PARENT OR LEGAL GUARDIAN, OR THE SEXUAL ABUSE CLAIMANT'S ATTORNEY. IF THE SEXUAL ABUSE CLAIMANT DIES AFTER THE SUBMISSION OF THIS FORM, BUT BEFORE THE CLAIM IS RESOLVED, NOTIFICATION OF THE DEATH MUST BE PROVIDED TO THE COURT AT THE ADDRESS ABOVE.**

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 and 3571.



UNLESS YOU INDICATE OTHERWISE IN PART 1 BELOW, YOUR IDENTITY WILL BE KEPT STRICTLY CONFIDENTIAL, UNDER SEAL, AND OUTSIDE THE PUBLIC RECORD. HOWEVER, INFORMATION IN THIS CLAIM WILL BE PROVIDED PURSUANT TO COURT-APPROVED CONFIDENTIAL GUIDELINES TO COUNSEL FOR THE COMMITTEE OF UNSECURED CREDITORS, AND OTHER COURT-APPROVED THIRD PARTIES IN ORDER TO EVALUATE THE CLAIM.

YOUR PROOF OF CLAIM MAY BE DISPUTED OR HONORED IN WHOLE OR IN PART. THE DEBTOR RESERVES THE RIGHT TO OBJECT OR TO ASSERT OFFSETS OR DEFENSES AGAINST ANY FILED PROOF OF CLAIM FORM

**PART 1: CONFIDENTIALITY**

THIS SEXUAL ABUSE PROOF OF CLAIM (ALONG WITH ANY ACCOMPANYING EXHIBITS AND ATTACHMENTS) WILL BE MAINTAINED AS CONFIDENTIAL UNLESS YOU EXPRESSLY REQUEST THAT IT BE PUBLICLY AVAILABLE BY CHECKING THE BOX AND SIGNING BELOW.

- ☐ I want my Proof of Claim (along with any accompanying exhibits and attachments) to be kept **confidential**.
- ☐ I want my Proof of Claim (along with any accompanying exhibits and attachments) to be made **public**.

Please verify this election by signing directly below.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**PART 2: IDENTIFYING INFORMATION**

**A. Sexual Abuse Claimant**

First Name	Middle Initial	Last Name	Jr/Sr/III
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Mailing Address (If Party is incapacitated, is a minor or is deceased, please provide the address of the individual submitting the claim. If you are in jail or prison, your current address.)

City	State/Prov.	Zip Code (Postal Code)	Country (if other than USA)
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Telephone No(s):

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

If you are in jail or prison, your identification number: \_\_\_\_\_

May we leave voicemails for you regarding your claim: ☐ Yes ☐ No

May we send confidential information to your email: ☐ Yes ☐ No

Birth Date: \_\_\_\_\_ ☐ Male ☐ Female  
Month Day Year

Last Four Digits of Social Security Number: XXX-XX-\_\_\_\_

Any other name(s) or alias(es) by which the Sexual Abuse Claimant has been known: \_\_\_\_\_

**B. Sexual Abuse Claimant's Attorney (if any. Do not list counsel for the Debtors or the Official Creditors Committee):**

\_\_\_\_\_  
Law Firm Name

\_\_\_\_\_  
Attorney's First Name Middle Initial Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State/Prov. Zip Code (Postal Code) Country  
(if other than USA)

\_\_\_\_\_  
Telephone No. Fax No. E-mail address

**PART 3: BACKGROUND INFORMATION**

1. Are you currently married?

☐ Yes ☐ No (If "Yes," please identify the name of your spouse and marriage date.)

2. Have you previously been married?

☐ Yes ☐ No (If "Yes," please identify your former spouse and, as applicable, the date(s) of any dissolution, divorce, separation or widowhood.)

3. Do you have children?

☐ Yes ☐ No (If “Yes,” please identify their names and birthdates. If any children have died, please provide their date of death.)

4. What schools have you attended? For each school, please identify the months and years of your attendance. If you cannot recall the exact months when you began or ended each school year, please identify the season (fall, winter, spring, summer).

5. Have you received a diploma or degree from any of the schools listed above?

☐ Yes ☐ No (If “Yes,” please identify each diploma or degree that you received and the year you received it.)

6. Have you served in the armed forces?

☐ Yes ☐ No (If "Yes," please identify the branch of service, the dates you served and, if you have been discharged, the type of discharge you received.)

7. Are you currently employed?

☐ Yes ☐ No (If “Yes,” please identify the name of the organization where you are employed, the date that your employment began and your job title.)

8. What is your employment history? Please provide the following information about each place you have previously been employed: (i) the name of the organization where you

were employed; (ii) the dates of employment; (iii) your job title(s); and (iv) your reason for leaving the place of employment.

9. Have you been self-employed?

☐ Yes ☐ No (If “Yes,” please provide your job responsibilities and any business name you used. Please also provide the dates of this business.)

10. Are you retired?

☐ Yes ☐ No (If “Yes,” when did you retire?)

11. Part 4 below will ask you about the nature of your complaint against the Archdiocese of Saint Paul and Minneapolis. Other than the incident(s) of sexual abuse described in Part 4, have you ever been sexually abused by anyone else? If “Yes,” please describe this abuse, including the date of the abuse and the identity of the abuser.

**PART 4: NATURE OF ABUSE**

(Attach additional separate sheets if necessary)

**NOTE: IF YOU HAVE PREVIOUSLY FILED A LAWSUIT AGAINST THE DEBTOR IN STATE OR FEDERAL COURT, YOU MAY ATTACH THE COMPLAINT. IF YOU DID NOT FILE A LAWSUIT, OR IF THE COMPLAINT DOES NOT CONTAIN**

**ALL OF THE INFORMATION REQUESTED BELOW, YOU MUST PROVIDE THE INFORMATION BELOW.**

1. Who committed each act of sexual abuse?

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2. What is the position, title or relationship to you of the abuser or individual who committed these acts?

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3. Where did the sexual abuse take place? Please be specific and complete all relevant information that you know, including the City and State, name of the parish, school (if applicable) and/or the names of any other location.

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4. When did the sexual abuse take place?

- a. Please be as specific as possible. If you can, please indicate the day, month and year. If you cannot recall the month, please try to recall the season of year (fall, winter, spring summer).

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- b. If you were sexually abused on more than one occasion, please state when the abuse started, when it stopped, and how many times it occurred.

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- c. Please also state your age(s) and your grade(s) in school (if applicable) at the time the abuse took place.

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5. Please describe in as much detail as possible the nature of the sexual abuse. What happened?

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6. Did you tell anyone about the sexual abuse (this would include parents, relatives, friends, the Archdiocese of Saint Paul and Minneapolis, attorneys, counselors, and law enforcement authorities)? \_\_\_\_\_

- a. If "Yes," who did you tell? Please list the name(s) and any contact information you have.

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- b. What did you say?

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- c. When did you tell this person or persons about the abuse?

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- d. If you know, what did the person or persons do in response?

7. Were there any witnesses? If so, please list their name(s) and any contact information you have, including addresses.

8. Do you personally know or have reason to believe that the Archdiocese of Saint Paul and Minneapolis knew that your abuser was abusing you or others before or during the period when such abuse occurred? If "Yes", please provide all information that supports your conclusion, including the information requested in items 8(a) through 8(e) below.

- a. Who at the Archdiocese knew that your abuser was abusing you or others?

- b. How did such person or persons at the Archdiocese learn this information? For example, did you report the abuse to someone from the Archdiocese? Did someone else tell you they reported it to someone from the Archdiocese? Did someone from the Archdiocese witness the abuse?

- c. When did such person or persons at the Archdiocese learn this information?

- d. What exactly was the person or persons from the Archdiocese told or what exactly did they observe?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- e. How did you come to have the information you provided in response to the questions above?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART 5: IMPACT OF ABUSE**  
(Attach additional separate sheets if necessary)

1. What injuries have occurred to you because of the act or acts of sexual abuse that resulted in the claim (for example, the effect on your education, employment, personal relationships, health, and any physical injuries)? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
2. Have you sought counseling or other treatment for your injuries? If so, with whom and when? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**PART 6: ADDITIONAL INFORMATION**

1. Prior Non-Bankruptcy Claims: Have you previously filed any lawsuit seeking damages for the sexual abuse described in this claim? ☐ Yes ☐ No (If "Yes" please answer the questions below.)
- a. Where and when did you file the lawsuit?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- b. Who were the parties to the lawsuit and what was the case number?
- \_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_  
c. What was the result of that lawsuit?

\_\_\_\_\_  
\_\_\_\_\_  
2. Prior Bankruptcy Claims: Have you filed any claims in any other bankruptcy case relating to the sexual abuse described in this claim?

☐ Yes ☐ No (If “Yes,” you are required to attach a copy of any completed claim form.)

\_\_\_\_\_  
3. Any Settlements: Regardless of whether a complaint was ever filed against any party because of the sexual abuse, have you settled any claim or demand relating to the sexual abuse described in this claim?

☐ Yes ☐ No (If “Yes,” please describe, including parties to the settlement. You are required to attach a copy of any settlement agreement.) \_\_\_\_\_

\_\_\_\_\_  
4. Bankruptcy: Have you ever filed bankruptcy? ☐ Yes ☐ No (If “Yes,” please provide the following information:

Name of Case: \_\_\_\_\_ Court: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Case No.: \_\_\_\_\_

Chapter: ☐ 7 ☐ 11 ☐ 12 ☐ 13 Name of Trustee: \_\_\_\_\_

Date: \_\_\_\_\_

**Sign and print your name. If you are signing the claim on behalf of another person or an estate, print your title.**

**Under penalty of perjury, I declare the foregoing statements to be true and correct.**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

# Exhibit B

**UNITED STATES BANKRUPTCY COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA  
HARRISBURG DIVISION**

In re:

ROMAN CATHOLIC DIOCESE OF  
HARRISBURG,

Debtor.<sup>1</sup>

Chapter 11

Case No. 1:20-bk-00599 (HWV)

**SEXUAL ABUSE CLAIM FORM**

**IMPORTANT:**  
**THIS FORM MUST BE RECEIVED BY NO LATER THAN**  
**1 \_\_\_\_\_, 2020**

Carefully read the instructions included with this Sexual Abuse Claim Form and complete ALL applicable questions. Please print clearly and use blue or black ink. Please send the **original** to the Debtor's claims and noticing agent at the following address:

<b><i>If by First Class Mail:</i></b>	<b><i>If by Hand Delivery or Overnight Mail:</i></b>
Roman Catholic Diocese of Harrisburg, Claims Processing Center c/o Epiq Corporate Restructuring, LLC P.O. Box 4421 Beaverton, OR 97076-4421	Roman Catholic Diocese of Harrisburg, Claims Processing Center c/o Epiq Corporate Restructuring, LLC 10300 SW Allen Blvd. Beaverton, OR 97005

**THIS PROOF OF CLAIM IS FOR CLAIMANTS OF SEXUAL ABUSE ONLY.  
YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER.**

A sexual abuse claim includes, but is not limited to, any claim (as defined in section 101(5) of the Bankruptcy Code) resulting or arising in whole or in part, directly or indirectly from any actual or alleged sexual offense as laid out in Chapter 31 of Title 18 of the Pennsylvania Statutes, or as the phrase "sexual abuse" is defined in 42 Pa.C.S. § 5533(b)(2)(ii), as well as any sexual conduct or misconduct, sexual abuse or molestation, indecent assault and/or battery, rape, pedophilia, ephebophilia, or sexually-related physical, sexually-related psychological, or sexually-related emotional harm, or contacts, or interactions of a sexual nature between a child and an adult, or a nonconsenting adult and another adult, sexual assault, sexual battery, sexual psychological or emotional abuse, humiliation, or intimidation, or any other conduct constituting a sexual offense, incest, or use of a child in a sexual performance, and seeking monetary damages or any other relief,

<sup>1</sup> The last four digits of the Debtor's federal tax identification number are: 4791. The Debtor's principal place of business is located at 4800 Union Deposit Road, Harrisburg, Pennsylvania 17111.

under any theory of liability, including vicarious liability, any negligence-based theory, contribution, indemnity, or any other theory based on any acts or failures to act by the Roman Catholic Diocese of Harrisburg (the “*Debtor*”) or any other person or entity for whose acts or failure to act the Debtor is or was allegedly responsible, including but not limited to, claims against clergy, deacons, seminarians, employees, teachers, or volunteers.

**TO BE VALID, THIS PROOF OF CLAIM MUST: (A) BE WRITTEN IN ENGLISH OR INCLUDE A TRANSLATION IF RESPONSES ARE IN A LANGUAGE OTHER THAN ENGLISH; (B) PROVIDE RESPONSES THAT ARE COMPLETE AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE; AND (C) BE SIGNED BY THE SEXUAL ABUSE CLAIMANT, EXCEPT IF THAT IF THE SEXUAL ABUSE CLAIMANT IS A MINOR, INCAPACITATED, OR DECEASED, THIS SEXUAL ABUSE PROOF OF CLAIM MAY BE SIGNED BY THE SEXUAL ABUSE CLAIMANT’S PARENT, LEGAL GUARDIAN, OR EXECUTOR, AS APPLICABLE. IF THE SEXUAL ABUSE CLAIMANT DIES AFTER THE SUBMISSION OF THIS FORM, BUT BEFORE THE CLAIM IS RESOLVED, NOTIFICATION OF THE DEATH MUST BE PROVIDED AT THE ADDRESS LISTED ABOVE.**

The penalty for presenting a fraudulent claim: fine of up to \$250,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152, 3571.

**UNLESS YOU INDICATE OTHERWISE IN PART I BELOW, YOUR IDENTITY WILL BE KEPT STRICTLY CONFIDENTIAL, UNDER SEAL, AND OUTSIDE THE PUBLIC RECORD. HOWEVER, INFORMATION IN THIS CLAIM WILL BE PROVIDED, PURSUANT TO COURT-APPROVED CONFIDENTIALITY GUIDELINES, TO COUNSEL FOR THE COMMITTEE AND OTHER COURT-APPROVED THIRD PARTIES IN ORDER TO EVALUATE THE CLAIM.**

**YOUR PROOF OF CLAIM MAY BE DISPUTED OR HONORED IN WHOLE OR IN PART. THE DEBTOR RESERVES THE RIGHT TO OBJECT OR TO ASSERT OFFSETS OR DEFENSES AGAINST ANY FILED PROOF OF CLAIM.**

#### **PART I: CONFIDENTIALITY**

**THIS SEXUAL ABUSE CLAIM FORM (ALONG WITH ANY ACCOMPANYING EXHIBITS AND ATTACHMENTS) WILL BE MAINTAINED AS CONFIDENTIAL UNLESS YOU EXPRESSLY REQUEST THAT IT BE PUBLICLY AVAILABLE BY CHECKING THE BOX AND SIGNING BELOW. NOTWITHSTANDING THE FOREGOING, AS REQUIRED BY THE CHILD PROTECTIVE SERVICES LAW, 23 PA.C.S. § 6301 *ET SEQ.*, AND THE DEBTOR’S YOUTH PROTECTION PROGRAM (EFFECTIVE AUGUST 15, 2018), ANY SEXUAL ABUSE CLAIM FORM RECEIVED BY THE DEBTOR INVOLVING A CLAIM OF CHILDHOOD SEXUAL ABUSE THAT HAS NOT BEEN PREVIOUSLY REPORTED TO LAW ENFORCEMENT BY THE DEBTOR WILL BE REPORTED BY THE DEBTOR TO CHILDLINE AND THE APPROPRIATE DISTRICT ATTORNEY AS SEXUAL ABUSE CLAIMS ARE RECEIVED BY THE DEBTOR.**

4813-5748-1651.7

☐ I want my Proof of Claim (along with any accompanying exhibits and attachments) to be kept confidential.

☐ I want my Proof of Claim (along with any accompanying exhibits and attachments) to be made public.

Please verify this election by signing directly below:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**PART II: IDENTIFYING INFORMATION**

**A. Sexual Abuse Claimant**

\_\_\_\_\_  
First Name M.I. Last Name Suffix

Mailing Address (if party is incapacitated, is a minor, or is deceased, please provide the address of the individual submitting the claim; if you are in jail or prison, your current address):

\_\_\_\_\_  
Street Number Street Name

\_\_\_\_\_  
City State/Prov. Zip Code (Postal Code) Country

Telephone Number:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

If you are in jail or prison, your identification number: \_\_\_\_\_

May we leave voicemails for you regarding your claim: ☐ Yes ☐ No

May we send confidential information to your email: ☐ Yes ☐ No

Birth Date: \_\_\_\_\_ ☐ Male ☐ Female  
Month Day Year

Last four digits of your Social Security Number: XXX-XX-\_\_\_\_\_

Any other name(s) or alias(es) by which the you have been known:

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**B. Attorney Information (if applicable)**

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Law Firm Name

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Attorney's First Name

Middle Initial

Last Name

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Street Address

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City

State/Prov.

Zip Code (Postal Code)

County

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Telephone No.

Fax No.

Email Address

**PART 3: BACKGROUND INFORMATION**

1. Are you currently married?

☐ Yes ☐ No (if "Yes", please identify the name of your spouse and marriage date)

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2. Have you been previously married?

☐ Yes ☐ No (if "Yes", please identify the name of your former spouse and, as applicable, the date(s) of any dissolution, divorce, separation, or widowhood)

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3. Do you have children?

☐ Yes ☐ No (if "Yes", please identify their names and birthdates. If any children have died, please provide their date of death)

4. What schools have you attended? For each school, please identify the months and years of your attendance. If you cannot recall the exact months when you began or ended each school year, please identify the season (fall, winter, spring, summer).

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5. Have you received a diploma or degree from any of the schools listed above?

☐ Yes ☐ No (if "Yes", please identify each diploma or degree that you received and the year you received it)

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6. Have you served in the armed forces?

☐ Yes ☐ No (if "Yes", please identify the branch of service, the dates you served, and, if you have been discharged, the type of discharge you received)

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7. Are you currently employed?

☐ Yes ☐ No (if "Yes", please identify the name of the organization where you are employed, the date of your employment began, and your job title)

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8. What is your employment history? Please provide the following information about each place you have previously been employed: (i) the name of the organization where you were employed; (ii) the dates of employment; (iii) your job title(s); and (iv) your reason for leaving the place of employment.

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9. Have you been self-employed?

☐ Yes ☐ No (if "Yes", please provide your job responsibilities, any business name you used, and the dates of this business)

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10. Are you retired?

☐ Yes ☐ No (if "Yes", please identify when you retired)

11. Part 4 below will ask you about the nature of your complaint against the Debtor. Other than the incident(s) of sexual abuse described in Part 4, have you ever been sexually abused by anyone else? If "Yes", please describe this abuse, including the date(s) of the abuse, and identify the abuser (if not by name then by relationship to abuser).

**PART 4: NATURE OF ABUSE**  
(Attach additional separate sheets if necessary)

**NOTE: IF YOU HAVE PREVIOUSLY FILED A LAWSUIT AGAINST THE DEBTOR IN STATE OR FEDERAL COURT, YOU MAY ATTACH THE COMPLAINT. IF YOU DID NOT FILE A LAWSUIT OR IF THE COMPLAINT DOES NOT CONTAIN ALL OF THE INFORMATION REQUESTED BELOW, YOU MUST PROVIDE THE INFORMATION BELOW.**

1. Who committed each act of sexual abuse?

2. What is the position, title, or relationship to you of the individual who committed these acts?

3. Where did the sexual abuse take place? Please be specific and detail all relevant information that you know, including the City and State, name of the parish or school (if applicable), and/or the names of any other location.



4. When did the sexual abuse take place?

- a. Please be as specific as possible. If you can, please indicate the day, month, and year. If you cannot recall the month, please try to recall the season (winter, spring, summer, or fall).

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- b. If you were sexually abused on more than one occasion, please state when the abuse started, when it stopped, and how many times it occurred.

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- c. Please also state your age(s) and your grade(s) in school (if applicable) at the time the abuse took place.

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5. Please describe in as much detail as possible the nature of the sexual abuse. What happened?

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6. Did you tell anyone about the sexual abuse (this would include parents, relatives, friends, anybody affiliated with the Roman Catholic Diocese of Harrisburg, attorneys, counselors, law enforcement authorities)?

- a. If "Yes", who did you tell? Please list the name(s) and any contact information you have.

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- b. What did you say?

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c. When did you tell this person or persons about the abuse?

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d. If you know, what did the person or persons do in response?

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7. Were there any witnesses to the sexual abuse described in question (6)? If so, please list their name(s) and any contact information you have, including addresses.

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8. Do you personally know or have reason to believe that the Roman Catholic Diocese of Harrisburg knew that your abuser was abusing you or others before or during the period when such abuse occurred? If "Yes", please provide all information that supports your conclusion, including the information requested in items 8(a) through 8(e) below.

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a. Who at the Roman Catholic Diocese of Harrisburg knew that your abuser was abusing you or others?

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b. How did such person or persons at the Roman Catholic Diocese of Harrisburg learn this information?

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c. When did such person or persons at the Roman Catholic Diocese of Harrisburg learn this information?

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d. What exactly was the person or persons from the Roman Catholic Diocese of Harrisburg told or what exactly did they observe?

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- e. How did you come to have the information you provided in response to the questions above?
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**PART 5: IMPACT OF ABUSE**  
**(Attach additional separate sheets if necessary)**

1. What damages have occurred to you because of the act(s) of sexual abuse that resulted in the claim (e.g., any effect, on your education, employment, personal relationships, or mental and/or physical health)?
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2. Have you sought counseling or other treatment for any of the above damages? If “Yes”, with whom and when?
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**PART 6: ADDITIONAL INFORMATION**

1. Prior Non-Bankruptcy Claims: Have you previously filed any lawsuit seeking damages for the sexual abuse described in this claim?
- ☐ Yes ☐ No (if “Yes”, please answer the questions below)
- a. Where and when did you file the lawsuit?
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- b. Who were the parties to the lawsuit and what was the case number?
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- c. What was the result of that lawsuit?
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2. Prior Bankruptcy Claim: Have you filed any claims in any other bankruptcy case relating to the sexual abuse described in this claim?

☐ Yes ☐ No (if "Yes", you are required to attach a copy of any completed claim form)

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3. Any Settlements: Regardless of whether a complaint was ever filed against any party because of the sexual abuse, have you settled any claim or demand relating to the sexual abuse described in this claim?

☐ Yes ☐ No (if "Yes," please describe, including parties to, the settlement and you are required to attach a copy of any settlement agreement)

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4. Bankruptcy: Have you ever filed bankruptcy?

☐ Yes ☐ No (if "Yes," please provide the following information)

Name of Case: \_\_\_\_\_ Court: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Case No: \_\_\_\_\_

Chapter: ☐ 7 ☐ 11 ☐ 12 ☐ 13 Name of Trustee: \_\_\_\_\_

Date: \_\_\_\_\_

**Sign and print your name. If you are signing the claim on behalf of another person or an estate, print your title.**

**Under penalty of perjury, I declare the forgoing statements to be true and correct:**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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